



MANUFACTURED HOME COMMUNITY LICENSE APPLICATION

Department of Safety &
Professional Services
Manufactured Home Unit
P.O. Box 8935
Madison, WI 53708-8935
Phone: (608) 266-2112

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

- Fill in application completely, sign, and date.
- Make check or money order payable to: **State of WI - DSSPS**
- Mail application and check to the above address.
- Definitions: **Manufactured Home Community** - Any plot or plots of ground upon which 3 or more manufactured home units, occupied for dwelling or sleeping purposes, are located, regardless of whether or not a charge is made for such accommodations.
Owner - Person, state or local government. "Person" includes individuals, partnerships, firms, companies or corporations.

PLEASE TYPE OR PRINT

This is for: <input type="checkbox"/> Newly Licensed Community <input type="checkbox"/> Expansion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Other			
Name of Manufactured Home Community		Name of Community Owner	
Community ID Number		<input type="checkbox"/> FEIN or <input type="checkbox"/> SSN (Please check one)	
Street Address**		Street Address	
P.O. Box No.		P.O. Box No.	
City/State/Zip		City/State/Zip	
Phone No. ()	County	Phone No. ()	
Number of Manufactured Home Sites		Name of Former Owner (if applicable)	
**If Manufactured home community address above does not include a specific street number, furnish directions to your community location, including highway numbers or letters and distances:			
Water Source <input type="checkbox"/> Public <input type="checkbox"/> Private		Septic Source <input type="checkbox"/> Public <input type="checkbox"/> Private	
Presently Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, year licensed:	
Licensed by <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State			
Inspected by Licensing Agency <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, agency name and year inspected:	
Number of Sites Locally Licensed		Annual Local Fee	
Required Fees (Comm 2.33): Check the fee that applies			
No. of Manuf. Home Sites – New or Added	For a Newly Licensed Community (Plan Review plus License)	For an Expanded Community (Plan Review plus Revised License)	For an Existing Community (License Renewal)
1- 20	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$290.00	<input type="checkbox"/> \$250.00
21 - 50	<input type="checkbox"/> \$900.00	<input type="checkbox"/> \$490.00	<input type="checkbox"/> \$450.00
51 - 100	<input type="checkbox"/> \$1,400.00	<input type="checkbox"/> \$740.00	<input type="checkbox"/> \$700.00
101 – 175	<input type="checkbox"/> \$1,800.00	<input type="checkbox"/> \$940.00	<input type="checkbox"/> \$900.00
176 +	<input type="checkbox"/> \$2,000.00	<input type="checkbox"/> \$1040.00	<input type="checkbox"/> \$1000.00
<input type="checkbox"/> Permit revision fee: \$40			
Printed Owner or Agency Representative Name			
X Signature of Owner or Agency Representative		Title	Date